RESEARCH PROPOSAL

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Title of the Research: **Menstrual Practice and Environmental Issues: An Exploratory study on awareness among school going adolescent girls in South Bengal.**

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- Menstruation
- Menstruation Hygiene Management
- Adolescent Girls
- Awareness
- Behaviour change
- Environmental Issue

Introduction:

Menstruation is the shedding of the endometrium - the uterine lining. Menstruation is also known as **menses**.[1] The word "menses" is derived from the Latin *menses* meaning "months". The word "menstruation" comes from old French *menstrual*, which comes from Latin *menstrualis*, meaning "monthly," especially "of or having monthly courses."[2]Menstruation Cycle is a normal biological phenomenon which a woman starts experiencing once she enters her puberty. When periods (menstruations) come regularly, this is called the menstrual cycle. Having regular menstrual cycles is a sign that the reproductive system in woman's body is working normally. The menstrual cycle provides important body chemicals, called hormones, to keep a woman healthy. It also prepares her body for pregnancy.

Cumulatively, across a normal life span, women experience menstruation for a large part of their lives. However, commonly the days of menstruation, usually lasting up to 5 days every month are considered as 'polluting' in traditional sense and in the hygienic sense. Menstruation starting at puberty implies that the school-going adolescent girls have to deal this in connection with school attendance where they may not find amenable or suitably hygienic conditions to feel comfortable. The problems of heavy discharge may pose special situations embarrassing to a girl studying in co-ed schools. So one of the main concerns in their lives to have the essential information, amenities and cultural environment to deal with menstruation hygienically, and with dignity at every stage of life and especially so at the onset of the menstrual cycle during which time the body has to adjust to new hormonal

[1] Nordqvist Christian (9th February,2016);Menstruation,Periods and the Menstrual Cycle;MNT since 2003*;10th Feb,2016; http://www.medicalnewstoday.com/articles,p:1*

[2] Kothari Bela(2010);Perception about menstruation :A Study of Rural jaipur ,Rajasthan*;Indian Anthropologists ;vol-40,No-1,p:1*

secretions as well as adjust psychologically to a changed identity linked more to gender and gender roles.

But unfortunately menstruation and menstrual practices along with menstrual waste disposal is usually kept under wraps. It has been considered as a taboo and several socio cultural restrictions are attached to it. This issue has always been inadequately recognized and it has always been sidelined while designing programmes for improving women's health. As a consequence adolescent girls remain unacquainted with the scientific facts and hygienic health practices, which may lead to several adverse health conditions. Consequently the issue of disposal of menstrual waste especially its impact on environment has also been clouded with several misconceptions. The issue has not yet been addressed properly leaving the adolescent girls and the women totally ignorant about the hostile result of both practice and improper disposal. Menstrual cycle is not a contagious disease with social stigma rather it is a sign that a girl is in good physical shape and her physiological development is absolutely normal. So it is the right of every adolescent girl to have adequate knowledge and awareness about proper and safe management of menstrual hygiene along with correct disposal practices to prevent more damage to health and environment. Thus it is clear that several issues emerge out of inadequate planning and implementation of various measures required in the handling of menstrual practices along with disposal. The issues concern i) the individual who has to acquire the skills of adjusting to a more structured view of gender and gender expectations; ii) inter-generational transmission of social and cultural practices and beliefs; iii) sanitation in public spaces and iv) environmental concerns in connection with disposal. These are enumerated below and will be explored in the thesis.

The main reason behind above mentioned mindset regarding menstruation is the influence of certain factors which determine the accumulation of the knowledge, practices and behaviour relevant to menstruation. These factors are mentioned below:

i) Socio-Cultural Factor: A menstrual taboo is any social taboo concerned with menstruation. In India the mention of this topic in the public has been tabooed in the past and even today the situation is same. These socio cultural restrictions are the main obstacles for advancement of knowledge and awareness regarding this topic. In many parts of India menstruation and menstruating women are both considered as impure. That is why several restrictions such as , not entering kitchen or holy places ,not offering prayers ,not touching and cooking foods , no bath ,no interaction with male members etc .All these restrictions have adverse influence on the behaviour and practices regarding menstrual hygiene.

ii) Religious Factor: The socio cultural restrictions and the religious restrictions are mostly overlapping. Every major religion has its own interpretation regarding menstruation which give birth to these socio cultural restriction as it is rightly said that religion is the driving force for any society All major religions of the world like Judaism, Christianity, Islam, Hinduism, and Buddhism, without exception, have placed restrictions on menstruating women as they believe that menstruation has certain negative impact on women.

iii) Psychological Factor: Although adolescence is marked with inquisitiveness, many are often less informed, less experienced, and less comfortable in marinating proper menstruation hygiene. This may results in culmination in oppression of feelings which can cause intense mental stress and hesitation in discussing menstruation.

iii) Economical Factor: Sometimes economic condition also prevents girls from using proper and hygienic menstrual products. Study shows that majority of women preferred cloth pieces rather than sanitary pads (only 35% women use sanitary pad[3]) as menstrual absorbent due to high price of the modern menstrual products.

IV) Educational Factor: Educational background of the girls also determines the behaviour regarding menstrual hygiene management. Lack of education may lead to lack of awareness regarding menstrual hygiene management.

V) Infrastructural Factor: Sometimes lack of proper infrastructural facilities like proper toilet, separate toilet, proper disposal system etc act as a hindrance in implementing proper menstrual hygiene management. A study by WASH United reveal the appalling fact that 30 million school children in India have no access to toilets, 40 percent of schools do not have a separate toilet for girls and 66 percent of girls-only schools do not have functioning toilets. It has been observed that School girls from Wardha district use to carry their used sanitary napkins home to dispose in dustbin for as school doesn't have any facility for menstrual waste disposal facilities.[4]

The above mentioned perceptions about menstruation and the attitudes towards it will be altered only when there will be change in the behaviour of women regarding menstruation that in turn trigger change in social and cultural norms. Behaviour change refers to any transformation or modification of human behaviour. In social work behaviour change refers to the process of promoting and sustaining risk-reducing behaviour in individuals and communities. **"**Behaviour change **is a research-based consultative procedure for addressing and modifying existing knowledge, attitudes and practices regarding certain social phenomena"[5].** .It provides relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behaviour change strategies focus on the individual as a locus of change that in turn will trigger group change.

It is self evident that the process of behaviour change is to be initiated from an early age of socialization. The first aspect is that of hygiene before, during and after menstruation, information about which is to be made readily available, accessible and free from social prejudice. The second aspect is to have a range of practices for the individual to make an informed choice of the best practices.

The school is a place for exposure to modernity and rapidly increasing and changing information. Also it is a place away from direct parental and familiar control .It is place where peer group influence behaviour and learning of new behaviour. Thus the school with teachers as "Loco Parentis" can be used to expose the student to adapt behaviour appropriate to the times and in protection of the environment. Two recently launched government initiatives named Sarva Siksha Mission (SSM) and Swacch Bharat Abhiyan (SBA)

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[3] S Sangeetha Balamurugan, SS Shilpa, Sheethal Shaji (2014): A Community based Study on menstrual hygiene among reproductive age group women in a rural area, Tamilnadu*; Journal Of Basic and Clinical Reproductive Sciences; vol-3, No-2; p-5.*

[4] Dargan Tanaya,Selvaraj Jennifer,Singh Pratap Dhirendra (2015);World Environment Day 2015:*Menstrual Waste Disposal and the environment:5th June.*

[5] UNICEF ,70 years for every child(24th June,2015);Communication for development(C4D)*:Behaviour and Social Change :25th August,2016;http://www.unicef.org/cbsc/index_42352.html*

incorporate provisions to support best practices regarding menstrual hygiene within the school premises. Health, hygiene, education, social engagement, awareness etc are included in Sarva Shiksha Mission in general while the Swachh Bharat Abhiyan focuses more directly on healthy practices and protection of environment form pollution and damage. But still it has been observed that

- In India, 66% of schools lack functioning toilets, leading to menstruating girls missing, on average, 5 days of school every month or dropping out completely once they start lagging behind in their studies.
- Teachers are not trained or capable of providing the girls with credible answers and practical ways of managing their menstruation. In fact, many female teachers miss school during their menstruation.
- 23% of adolescent girls in the age-group 12-18 drop out of school after they begin menstruating.[6]

This particular study focuses on

- To assess the level of awareness among school going adolescent girls in West Bengal regarding menstrual hygiene and practices.
- To examine the infrastructural facilities available to students for maintaining hygiene both in general during menstruation in particular.
- To understand the range of 'best practice' in terms of the individual, society, and environment.
- To understand the inter-generational linkages in practice and belief and examine the process of behaviour change.

Review of literature:

Menstruation as defined by Jennifer O 'Donnlel **"is the shedding of the lining of the uterus in women and pubescent girls, typically taking place every 28 days. The lining is made up of tissue and blood, and is needed to nourish a fertilized egg. If there is no fertilized egg, the lining is expelled from the uterus. Menstruation may last between two and seven days**".[7] Mainly menstruation starts between the ages of 11 to15 years with a mean of 13 years. According to Indian Journal of Community medicine the occurrence of menstruation is the most important physical change, which a girl experiences in her adolescence.

Feminism and Menstruation:

[6] Mohanty Bindu , Menstrual Hygiene Management:An overview of developmental challenges and issue *;The Kachra Project ;7th September,2016;http://thekachraproject.in*

[7] Dasgupta A, Sarkar M(2008);How Hygienic is the Adolescent Girls;*Indian Journal of Community Medicine ,Vol-33,Issue-2,Pp-70-80*

Some second wave feminists[8]had attempted to introduce menstruation in the public domain as a part of a celebration of possessing a feminine body and its capacity to produce vaginal fluid. Reinterpretation of menstruation and considering its various aspects are very recent attempts taken by the contemporary feminist. This school of thought is known as poststructuralist feminist theorizing.[9] They believe that this negative interpretation of menstruation do not merely echo women's lives but 'actively subjugate female subjectivity through creating and reinforcing the notion of ''woman'' as lack, as absence or as other to man."This thinker has talked about how this negative representation has transformed menstruation in process rigorously manipulated by socio –historical process and cultural attitudes and practises. Poststructuralist feminist theorizing have started questioning the existing menstrual status quo based on shame, secrecy and silence. They are reinterpreting menstruation as a foundation of female power. And a group of poststructuralist feminist thinkers decline the idea of framing the menstruation within socially constructed value system and mind set. They put serious efforts to encourage global menstrual care industry among women folk to promote and to use environmentally-sustainable, safer and less costly alternatives. Their efforts have proved to be productive as the American Academy of Podiatrists has launched the Vital Sign campaign in which they recognize menstruation as the key indicator of girl's and women's overall health.

As this study intends to assess the perception and behaviour of the adolescent girls regarding menstruation with taking into consideration the socio cultural beliefs and mindset of a particular society, the researcher can assess whether they perceive menstruation as a normal biological process and as indicator of a healthy system and body rather than perceiving it as something shameful and secretive.

Right Based Approach:

Every woman, man and child is entitled to the human rights prescribed in the Universal Declaration of Human Rights and the other agreements that make up the International Bill of Rights. These human rights includes right to life ,liberty and security of person the right to an adequate standard of living including food, clothing, housing, medical care and social services; the right to free primary education the right to freedom of movement etc. According to rights -based projects situates human rights exists in every aspect of life and focuses attention on how the realisation of all human rights to all people all of the time is essential for a dignified and healthy life.

Through this study, the theoretical models apt to the situation studied will be explored and an eclectic model will be developed. The review of literature reveals that theories based on gender, gender roles and identity may better explain the situation being studied. Young adolescent girls have before them their mothers and peer groups as models and their level of awareness is reflective of the information and knowledge they have between which they make a choice of practices during menstruation. The above shape their

[8] Kuntala Lahiri-Dutt (2015) Medicalising menstruation: a feminist critiqueof the political economy of menstrual hygiene management in South Asia*, Gender, Place & Culture, 22:8, p-1161-1162, DOI: 10.1080/0966369X.2014.939156*

[9] Kuntala Lahiri-Dutt (2015) Medicalising menstruation: a feminist critiqueof the political economy of menstrual hygiene management in South Asia, *Gender, Place & Culture, 22:8, p-1162, DOI: 10.1080/0966369X.2014.939156*

perceptions regarding their identity, role and its implications for their ideas of gender. The Rights based approach is chosen for the reason that in the prevailing conditions in the schools, maintaining human dignity is often jeopardized because of lack of infrastructure. The policies of SSM and SBA if implemented in the spirit of the letter would help in protection of the rights of school students and thereby live up to their potential.

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Management of menstrual hygiene denotes proper cleaning and washing especially genital areas to avoid infection, using proper material for absorbing menstrual blood and most importantly, proper disposal of the used material for preventing spread of infection or causing damage to the environment. Maintaining hygiene during menstruation like, changing napkin frequently, washing genital area after each use of toilet, bathing etc are crucial steps for a girl to deal with this biological process with confidence and safety. Following sanitized practices during this period will enable the young girls to continue with their daily schedule like going to school, participating in all activities of the school, etc. In one word, maintaining proper menstruation hygiene is requisite for growth and well being of the young girls. But unfortunately unscientific assumptions associated with this phenomenon combined with inadequate access to detailed information both in homes and schools leaves a large number of girls ignorant about management of menstruation hygiene. **A study from UNICEF depicts that 1 out of 3 girls in South Asia knew nothing about menstruation prior to getting it while 48% of girls in Iran and 10% of girls in India believe that menstruation is a disease[10].**

Dr. Varina Tjon A Ten, in one of her research paper has stated that in developing counties importance of maintaining proper hygiene during menstruation has been inadequately acknowledged. Still the concept of impurity has been attached to it. She has also pointed out that the policy makers also provide less attention to this problem. In her language **"it is necessary to educate all children within the framework of about health issues in general and reproductive and sexual health in particular, including menstrual hygiene"[11]**

Adolescence can be considered as a changeover period from childhood to adult life during which pubertal development and sexual maturation take place, thus making physiological development challenge adolescents have to face. A substantial lacuna can be observed in the knowledge towards menstruation among adolescent girls. Menstrual hygiene and management is an issue that is insufficiently acknowledged and has not received adequate attention. This study was done to measure the knowledge and practices regarding menstruation among school going adolescents. This particular study was descriptive in nature was carried out among sixty-one female adolescents of Shree Himali Secondary School, Panchkanya, Sunsari,in Nepal .It was found that 36.1% correctly reported about menstruation where most common informant was mother (39.3%). Dysmenorrhoea was the commonest problem faced during menstruation (78.7%) followed by back pain and excessive blood loss. More than half of respondents (54.1%) used sanitary pads and frequency of changing pads twice a day was highest (50.8%). Initial reaction was of fear/apprehension at menarche by 36.1% of girls whereas 44.3% perceived it as an expectant process. Girls still faced different types of restrictions like not being allowed to visit holy places, not being allowed to cook and

[10] WaterAid,2013:Menstrual Hygiene Matters,*Pp 75-76*

[11] Dr. Varina Tjon A Ten 2007: Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals, *pp10-15*

touch male family member etc.The study unearth the fact that frequent use of unclean napkins or the improperly dried cloth napkins gives birth to micro-organisms which causes genital infections. The study also draws attention to the fact that in our society the perception of menstruation is still surrounded by social and cultural taboos and this is why knowledge and practices regarding menstruation are not adequate among the adolescent girls.There are several personal, behavioural and environmental factors which directly or indirectly influence the issue.

Addressing the issue of menstrual hygiene in India is an issue of scale in many respects. India's population includes 225 million adolescent girls for whom MHM (Mensentrural Hygiene Management) is relevant in terms of health, well-being and educational opportunity. And the country has 1.37 million government schools, where sufficient amenities must be maintained. A study conducted in Rajasthan, in 2006, found that 56 per cent of girls in and out of school did not have any information about menstruation before reaching menarche. More recently, a baseline study conducted in Uttar Pradesh found that 66 per cent of girls knew nothing about menstruation prior to menarche. In Rajasthan, 75 per cent of girls were using cloths or rags to absorb their menstrual flow, while 27 per cent of girls out of school did not use any material at all. An assessment conducted in Chhattisgarh revealed that none of the shops in 65 villages stocked sanitary napkins. Cultural factors and economic constraints lead to poor menstrual hygiene management among girls, particularly in rural areas, as indicated in the studies noted above and other research. Proper evidences support the fact that limitations are placed on girls' mobility during their menses, which in turn limits their school attendance. Limited resources also hinder access to private and hygienic sanitation facilities, both at home and in school. Almost 63 million adolescent girls live in homes without toilet facilities. In concert with local partners, UNICEF is engaged in several interventions to address adolescent girls' MHM needs in India. The UNICEF approach emphasizes a framework with three fundamental elements: (1) access to facilities and products; (2) hygiene promotion and awareness; and (3) the maintenance of enabling environments to reduce infection and empower girls. Moving forward, UNICEF will be working throughout India to improve girls' access to information and to sanitary materials for menstrual hygiene management. Increased advocacy targeted to reach state governments that are still disengaged from the MHM issue remains a top priority.

According to a report of Water Aid, menstruation hygiene management is missing from community and school programmes in South Asian countries. The Government's Total Sanitation Campaign (TSC) ignores the importance of providing proper menstruation hygiene services. The study also reveals that formal education regarding reproduction health which also includes menstruation hygiene is almost missing in South Asian countries like India, Bangladesh and Nepal. Even teachers are not very comfortable in providing information regarding menstruation hygiene management and sometimes they guide the girls to follow the primitive practices.

Menstruation is generally associated with perception of impurity in the Indian society. Isolation of the menstruating girls and restrictions being inflicted on them in the family, have imparted a negative attitude towards this phenomenon. Good hygienic practices such as the use of sanitary pad and adequate washing of the genital area are indispensable during menstruation. Menstrual hygiene and management will directly contribute to the Millennium Development Goal (MDG)-2 on universal education and MDG -3 on gender equality and women empowerment. A community based, cross sectional study was done in January-

March, 2011 on 387 school going girls. The present study was undertaken among adolescent school going girls in the field practice area of the Rural Health Unit and Training Centre, Saoner, in the Nagpur district. Three hundred and eighty seven girls of the 8th and 9th standards were purposively chosen for the study. Only 36.95% of the girls were aware of menstruation before menarche. More than three fourth of the girls in the study were not aware of the cause and the source of the bleeding. Satisfactory cleaning of the external genitalia was practised by 33.85% of the girls. Three fourth of the study girls practised various restrictions during menstruation. Some menstrual hygiene indices have shown a significant difference in the rural and urban girls. Among several factors observed to affect menstrual behaviours, the most influential being economic status and residential status (urban and rural). Awareness regarding the need for information about healthy menstrual practices is very important. It is essential to design a mean to address and for the measure of healthy menstrual knowledge.

Hygiene-related practices of women during menstruation are of supreme importance. There is a lack of considerable literature on menstrual practices from northern India. We documented the menstrual hygiene practices of rural women and assessed their willingness to pay for sanitary napkins. A cross-sectional study was done in villages under the Comprehensive Rural Health Services Project (CRHSP), situated in Ballabgarh, Haryana. The study participants were women in the age group of 15-45 years. Nine villages were selected randomly while the number of respondents in each selected village was decided through the probability proportionate to size sampling method. The households were selected using systematic sampling. One woman was interviewed in each household using a pre-tested questionnaire. A total of 995 women were interviewed. A majority of them (62%) were unaware of the reason(s) for menstruation. The role of the health sector in providing information regarding menstruation was low as only a few women (1.5%) had got information from the auxiliary nurse midwife (ANM)/health worker (HW).Only 28.8% of women were using sanitary napkins and of those who did not use napkins, only one-fourth (25.3%) were willing to buy them. Women in the reproductive age group should be provided with suitable information about menstruation, and they should be told about the advantages of using sanitary napkins. Health sector functionaries should play a proactive role in the delivery of such information.

Menstrual education is an essential aspect of adolescent health education. Culture, awareness, and socioeconomic status are some important factors which often influence menstrual practices. However, health education programs for young women in developing countries do no often include menstrual hygiene, practices, and disorders while designing their training module. Developing culturally receptive menstrual health education and hygiene programs for adolescent females has been suggested by professional health organizations like the World Health Organization and UNICEF. These programs cannot be developed without taking into account existing myths and perceptions about menstruation in adolescent females of developing countries. Thus, the purpose of this qualitative study from India was to document existing misconceptions regarding menstruation and perceptions about menarche and various menstrual restrictions that have been understudied. Out of the 612 students invited to participate by asking questions, 381 girls participated by asking specific questions about menstruation (response rate = 62%). The respondents consisted of 84 girls from sixth grade, 117 from seventh grade, and 180 from eighth grade. The questions asked were arranged into the following subthemes: anatomy and physiology, menstrual symptoms, menstrual myths and taboos, health and beauty, menstrual abnormalities, seeking medical

advice and home remedies; sanitary pads usage and disposal; diet and lifestyle; and sex education. Results of this study indicate that students had substantial doubts about menstruation and were influenced by societal myths and taboos in relation to menstrual practices. Parents, adolescent care providers, and policy makers in developing countries should advocate for comprehensive sexuality education and resources (e.g., low-cost sanitary pads and school facilities) to promote menstrual health and hygiene promotion.

Menstruation and menstrual practices are still clouded by taboos and socio-cultural constraints and as an obvious consequence the adolescent girls remain uninformed of the scientific facts and hygienic health practices, which sometimes lead to adverse health conditions. The objective of the study is mainly (i) to elicit the beliefs, conception and source of information regarding menstruation among the study population and (ii) to find out the status of menstrual hygiene among adolescent girls. A descriptive, cross-sectional study was conducted among 160 adolescent girls of a secondary school situated in the field practice area of Rural Health Unit and Training Center, Singur, West Bengal, with the help of a pre-designed and pre-tested questionnaire. Data were analyzed statistically by simple proportions. A survey of 160 girls in schools in rural area of west Bengal (Dasgupta & Sarkar 2008) depicts that 67.5 per cent of the girls are aware about menstruation prior to menarche; however, 97.5 percent do not know the source of menstrual bleeding. In West Bengal only 11.25% of girls use sanitary pad. Menstrual hygiene, is a significant risk factor for reproductive tract infections, is a vital aspect of health education for adolescent girls. Educational television programmes, trained school nurses/health personnel, motivated school teachers and knowledgeable parents can play a very important role in transmitting the vital message of correct menstrual hygiene to the adolescent girl of today.

Gender forms social relations in all societies. This particular study carried out in Simtola village of lower Assam focuses on menstrual taboos as a concrete manifestation of the concept of purity and pollution and how due to the execution of such taboos, a particular gendered situation crops up consciously or otherwise. The findings of this study are based on research conducted in Simlitola village, Assam in two spells from March 2003 to June 2003 and from May 2004 to September 2004. The study was done on Hindu Assamese women of Koibarta caste .The categories of women taken for the study were as follows: a) girls who had recently started menstruating; b) unmarried menstruating girls; c)newly married women, d)women without children; e)women close to menopause; and f)menopausal women. This particular study explores the historical origin of taboos related to menstruation and it shows that these taboos are created to alienate women from society during their menstruation, to confine them within domestic arena. The study reveals that these taboos are quite successful in making the inequity between men and women sharper as it assign to them the status of impure and pushes them in to an inferior position. Thus the discussion on menstruation illuminates the occurrence of gender ideology that keeps women in inferior position.

In a Nirmal Bharat Yatra organized by the Government of India and WASH United in 2012, menstrual waste management practices were discussed.[12] It was found that girls and women from urban areas of Indore and Gorakhpur threw their napkins or cloth in drainage systems of public toilets, or in drains. Women from Madhya Pradesh burned their menstrual waste to keep it a secret. Taboos prevented women interviewed by PATH in Tamil Nadu

[12] Dargan Tanaya,Selvaraj Jennifer,Singh Pratap Dhirendra (2015*);World Environment Day 2015:Menstrual Waste Disposal and the environment:5th June .*

from leaving menstrual waste in household dustbins. In recent days menstrual hygiene management have included the challenges of the disposal and management of disposable sanitary napkins. In our country menstrual waste is cluttering the landscape, blocking drains. And no solution can be found for this particular situation.Absence of safe technology to manage this huge amount of menstrual waste has worsened the situation.

India's 113 million adolescent girls are particularly vulnerable at the onset of menarche. At this time they require a secure environment that provide protection and direction to ensure their basic health, well-being and educational opportunity is recognized. Sarva Shiksha Mission or Mission (SSM), is Government of India's flagship programme for achievement of Universalisation of Elementary Education (UEE) in a time bound manner. Water, sanitation and hygiene infrastructure facilities are provided in all new schools. Menstrual hygiene management is an integral part of the of Sarva Siksha Abhiyan and Swachh Bharat Mission Guidelines. National Guidelines of menstrual hygiene management outlines what needs to be done by state governments, district administrations, engineers and technical experts in line departments; and school head teachers and teachers. Every school is required to have basic water and sanitation infrastructure so that girls and female staff can privately manage menstruation hygienically and with dignity. Essential facilities are: Separate toilets for girls and boys, Water and soap in every school is essential, access to a clean and well-maintained toilet, Safe disposal of menstrual waste, Options for on-site disposal. Yet a recent survey found that in 14,724 government schools only 53% had a separate and usable girl's toilet.[13]

The lack of guidance about menstruation hygiene management is badly affecting the health and development of the adolescent girls. They are suffering from reproductive tract infections and other associated diseases. Lack of proper services in schools and lack of proper knowledge regarding menstruation hygiene management are hindering them to attend the school regularly. So overlooking the relevance of menstruation hygiene management can hamper the process of development of a country by affecting the young generation -- the adolescent girls.

Areas of exploration in the study:

- When a girl experiences menstruation for the very first time in her life, she takes her first step towards womanhood. As an obvious consequence both her body and psyche pass through a sequence of changes, alien to her totally. During this period she needs a support system to cope with these changes. And most importantly a girl needs proper infrastructural facilities to manage their menstruation in a hygienic and dignified way. A girl usually spends most of her adolescent age in the school which is also considered as second home for a student. So every school should provide minimum infrastructural facilities to the students so that they can carry on with their education by fulfilling their physiological needs which occur during menstruation. Although government has assured certain provisions through policies but due to lack of proper implementation and reluctance on the part of concerned authority the percentage of girls who remain absent

[13] National Sample Survey Office/Census (2012) and Pratham (2014) Annual Status of Education Report (Rural), 2013.

during their menstruation is mounting up and sometime they drop out from the school. It is high time to dissect the sanitation arrangements in the schools of West Bengal in reference to these special provisions so that proper intervention can be planned to overcome the drawback. The first research area is to examine the facilities provided in schools especially under SSM and SBA and if they are standardized in terms of hygiene.

- For symbolizing menstruation as a sign of a physical well being of a woman, primarily a paradigm shift is required in the attitude and habits regard to menstruation. And this shift can be an obvious outcome of a well structured Menstrual Hygiene Management system. Awareness programme is indispensable. For a adolescent onset of puberty is very momentous as they go through lots of physical as well as psychological changes .And particularly for a young girl menstruation is the threshold of puberty . So to lead a healthy and productive life they should be enriched with certain facts. In order to fulfil this need of the young generation government has commenced several programmes specially designed for the school children. But initiating a programme is not enough, it will really be effective if it is utilized fully and can have immense impact on the behaviour of the students. Some schools are really reluctant to implement these kinds of schemes properly in spite of having orders from government. This subject has always been given less priority and often has been neglected due to lack of teaching staffs or in urgency to complete the syllabus within stipulated time. So it is required have a clear depiction about the effective implementation of this programme in the schools and how it is influencing the behaviour of the young generation. The second research area is to explore how menstruation and changing individual identity and perception of well-being are linked and what life-skills and coping strategies are to be acquired by the young adolescent in accepting menstruation as a part of her body functions.

- Though menstruation is a biological reality, culture-bound values delineate its meaning and management. Menstrual taboos shape many religious and secular practices across the globe in some culture the onset of menstruation is considered as a cause for celebration, but in some culture it is considered to be impure and several restrictions have been imposed on the women regarding their behaviour and practise during menstruation. So to have a thorough insight about the different practices, both traditional and recent, is necessary to point out best practices which will lead to design appropriate policies relevant for menstrual hygiene. The third area of exploration will be to glean common cultural practices and beliefs with reference to notions of taboo and pollution vis-a-vis modernity and ever-changing practices.

- Although some rules and provisions has been fixed through some polices designed by government, cultural taboos and social constraints also limit women's options for disposal of menstrual waste. Besides that improper discarding of menstrual waste also has a detrimental effect on environment as disposable napkins are blocking drainage system, contaminating water body, burning these pads causing air pollution etc .There is a pressing need to alter the outlook towards waste management especially in educational institutions to prevent further damage of both health and environment through well planned implementation of these provisions. The fourth area of exploration concerns environmental issues from the point of view of awareness of the relationship of disposal and environmental damage so that there is induced behaviour change.

- The last but not the least and most significant point is that today's teenagers represent the future women who will eventually play the role of responsible mothers, teachers, and social reformers. So it is essential to make them well informed about every aspect of menstruation and the provisions available for maintaining menstrual hygiene. Then only they can pass on the exhaustive information to the future generation in order to equip them with scientific facts which will lead them towards appropriate management of menstrual hygiene. On one hand the next generation teens will be free from the myths and stigmas attached to this very natural phenomenon and on the other they can prevent many associated infections. For them menstruation will not be something to be ashamed of and it will never be a hindrance to achieve their aim in life. As a by-product of this study an attempt will be made to understand the role of intergenerational transmission of social and cultural practices and to be able to pin-point attitudinal and behavioural change across generations.

Research Questions:

1) What are the infrastructural facilities for the maintenance of menstrual hygiene including menstrual disposal in order to fulfil the requirements under Sarva Shiksha Mission and Swacch Bharat Abhiyan?

- Perception of menstrual hygiene by school authority.
- Ideas of menstrual hygiene and health by students.
- What are the initiatives taken by school authority to conduct different awareness generation programme?
- What changes could be suggested regarding maintenance of menstrual hygiene in the two policies?

2) Is there a relationship in the desired direction between awareness and behaviour as reflected in maintenance of infrastructure which enhance menstrual hygiene and decrease in the absenteeism of the students?

- What are considered as traditional practices in the maintenance of menstrual hygiene?
- What is perceived as best practices in the maintenance of menstrual hygiene?
- Is it possible to assess the behaviour change through intergenerational understanding?

Objectives

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1. To study various awareness generation programmes and to explore the relationship between these programmes and implementation of menstrual hygiene management (MHM), with special reference to Sarva Shiksha Mission and Swacch Bharat Abhiyan.

2. To study the behaviour of the adolescent girl students regarding taboos related to menstrual hygiene.
3. To explore whether these awareness generation programmes are influencing the behaviour and attitude of the adolescent girls.
4. To understand the nature of behaviour change across generation in this particular life stage.

Methodology:

1) Research Design:

This particular study can be recognized as an exploratory study.

An exploratory design is conducted about a research problem when there are few or no earlier studies to refer to. The focus is on gaining insights and familiarity for later investigation or undertaken when problems are in a preliminary stage of investigation.

The goals of exploratory research are intended to produce the following possible insights:

- Familiarity with basic details, settings and concerns.
- Well grounded picture of the situation being developed.
- Generation of new ideas and assumption, development of tentative theories or hypotheses.
- Determination about whether a study is feasible in the future.
- Issues get refined for more systematic investigation and formulation of new research questions.
- Direction for future research and techniques get developed.

The gap identified in the review of literature reflects the fact that this particular area of menstrual hygiene management including menstrual waste disposal especially in school environment has not yet been adequately surveyed. From the existing literature it has been manifested that although some changes has been taken place in menstrual practices across generation like use of sanitary napkins rather than cloths ,and it has due to some awareness specially by the company involved in manufacturing these napkins. But these studies have not revealed whether there has been any holistic transformation in menstrual hygiene

management especially among the school going adolescent girls and whether there has been any awareness programme specially designed to meet both the uttered and unuttered questions of these school girls who have just entered their puberty under above mentioned policies .So it would be quite justified to call this study an exploratory one as its purpose is to uncover different aspect of menstrual hygiene which has been covered by clouds of myths and social taboos and also to gauge the already existing awareness programme's effectiveness to create a path towards healthy and environment friendly menstrual hygiene .

2. Sources of Data:

In a study mainly two types of data have been collected. E.g. Primary data and Secondary data.

Sources of Secondary data:

Secondary data are that which have been collected by someone else with another purpose and have passed through several statistical process Secondary data is data that is being reused as reference in a research study. For this particular study the sources of secondary data will be the following:

- Related and relevant survey documents or reports on perception of menstruation and menstrual hygiene among adolescent school students in West Bengal.
- Reports on health issues of adolescent girls with special reference to menstruation and its associated problems (Like reports of WASH, UNICEF).
- School Records providing information on total number of students enrolled, number of students drop out from the schools, their performance, their participation in several extracurricular activities etc.).
- Detailed manuals of Sarva Shiksha Abhiyan and Swachh Bharat Abhiyan.
- Detailed allocation of budget on sanitation arrangement of schools in West Bengal.
- Copy of notices and memorandum issued to the schools for implementation of these schemes.
- Module for implementing Sarva Shiksha Abhiyan and Swachh Bharat Abhiyan in the schools.
- The schedule and guideline for inspecting the schools with regard to implementation of these schemes.
- Impact assessment report or annual evaluation report of these schemes issued by government.

Sources of Primary Data:

Primary data can be defined as original data that has been collected for a specific purpose from the field under supervision of the researcher for the first time and primary data are mainly fresh data. In this specific study the sources of primary data will be the pilot study conducted in the four selected districts. The primary data can also be collected from the students, their mothers and also through discussions with school authority and government official responsible for implementation of the above mentioned schemes.

3. Methods of data collection:

i) Focus Group Discussion : A focus group can be recognized as a group of individuals who have some common background and experience bought together by facilitator to be involved in an interaction with each other with the aim of expressing their opinion about a specific subject matter. In this research study focus group discussions will be carried out with the girl students of the selected schools. They will be divided into small groups (around 7 to 10 in a group) and a series of focus group discussions will be carried out in each school.A guideline for discussions will be predetermined. Through focus group discussion the researcher will prompt them to discuss about following issues:

- Their perception and thought process about menstruation
- Their experience during onset of menstruation.
- The restrictions imposed on them during menstruation.
- How this restrictions and socio cultural values are shaping their behaviour during menstruation.
- Their opinion about those restrictions.
- How these restrictions is hampering their routine life specially their education.
- Their level of awareness regarding menstrual hygiene.
- Their source of information.
- Their requirements and special needs during menstruation.
- Their outlook about infrastructural facilities available in schools.
- Their opinion about awareness programme conducted in schools or any special session arranged in schools for dealing with their doubts and worries concerning menstruation.
- Their recommendations.

In this milieu the girls may overcome their hesitation when they will find out that her friends are also going through same problems. As obvious consequences these discussions can be fruitful in revealing many unexpressed facts and thoughts behind their perception and behaviour regarding menstruation.

Focus Group Discussion will also be carried out with the mothers of the adolescent girls. 2-3 FGDs will be carried per district to look for the behaviour and practice among them.

ii) Semi structured Interview: In this study semi structured interviews will be carried out with two teaching staffs and with the head of the schools. These interviews will be semi structured one where interviewer will have a predetermined framework or themes to be explored but the researcher will be open enough to allow new ideas which will be bought up during interview as a result of what the interviewee says. Through these interviews the researchers intend to have clear idea about following issues:

- Holistic view of the respondents regarding importance of implementing several schemes of government which enhance menstrual hygiene management.
- The sanitation arrangement of the schools.
- The percentage of absent students during menstruation or any drop out case has been registered.

- Their experience about changing behaviour and acuity regarding menstrual hygiene among the students.

Interview will also be carried out with the government official and the field level supervisors to have clear idea about the execution of above mentioned schemes, budget allocation of the provision mentioned in the schemes and current status and impact of these provisions in the schools of four districts.

iii) Case Study: A case study is detailed information about a person, group or situation. Case studies allow a researcher to investigate a topic in far more detail than might be possible. In this study if the researcher come across some unique incidents or instances \ which has affected the behaviour of the respondents to a great extent or any unique ritual and practice and behaviour regarding menstruation, then the situation will be explored in details and the information will be accumulated in a form of a case study .The case studies may be of individuals, group or any institution following unique practice. In this study tentatively 20 case studies will be formulated (5 from each district).These case studies may have both positive and negative implications. But these case studies will certainly intensify the research findings.

iv)Observation: Observation is a complex research method .It entails a systematic noting and recording of events and behavior of the informants as they occur in specific situation. Observation usually helps the researcher to study nonverbal expressions of feeling, behavior attitude etc.The researcher can observe student's behavior, attitude, and their hesitation during focus group discussion to unearth several untold and unexpressed information obscured under superstitions and embarrassment. The researcher can also use this tool while talking to other respondents to assess their perception regarding this issue and to scrutinize the sanitation arrangements of the schools with regard to menstruation.

4. Sampling:

Universe: The first and foremost step of the study is to determine the universe and unit of the study. The identification of universe implies demarcation of physical area and social unit of the study. The universe is comprised of the population within a well defined area where the study is to be carried out.

But this group is usually very large and a researcher cannot cover it all alone. In such situation through the process of sampling a manageable portion or group can be selected from the population as representative of the whole population. The research will be carried out within this groups and the inference drawn from the study will be applied to the whole population.

Area of the Study: This particular study will focus on the districts of South Bengal. Out of 12 .districts the study will be focusing on four districts and they are Kolkata, South 24 Parganas ,Birbhum and Purulia . The criteria for choosing these districts is the literacy rate and the districts have been chosen with higher literacy rate to lower literacy rates .The another criteria for selecting the districts is whether the they are consisted of mostly urban or rural population. Table-1 shows ranking of the districts as per literacy rate and the nature of population:

Table :1

Name of the District	Literacy Rate(%)2011 census	Nature of population
Kolkata	87.14	Urban
South 24 Parganas	78.57	Both urban and rural
Birbhum	70.90	Semi urban and rural
Purulia	65.38	Mostly rural

(Source:*https://en.wikipedia.org/wiki/List_of_West_Bengal_districts_ranked_by_literacy_rate)*

As the study mainly deals with the adolescent school going girls so the focus area is certainly the higher secondary schools. The district wise information regarding higher secondary schools has been mentioned in Table-2.

Table -2

Name of the Districts	No of higher secondary schools	No of girls schools	No of boys schools	Co-ed schools
Kolkata	385	147	126	112
South 24 parganas	354	45	20	289
Birbhum	164	16	13	135
Puruliya	155	26	13	116

(Source:*www.wbsed.gov.in-DISE2008-09, http://174.120.21.162/~wbchse/databank/admin/dist_school_count.php*)

The universe of the study is the total adolescent girl students of the 234 higher secondary schools for girls of four districts.

Brief profile of the respondents:

Primary Target Group*:* The title of the study denotes that the study would mainly focus on the adolescent school going girls. The study will mainly explore how several myths and misapprehensions are shaping their behaviour during menstruation and how different awareness programme is manipulating their behaviour.

Secondary Target Groups: Now to enhance the findings of the research, and, the researcher has to take into consideration three other target groups, whose responses will provide a strong foundation to the outcome. As the study intends to compare the behaviour the across the generation, so the mothers of the adolescent school girls will form another group of respondents.

Prime Informants: In this study there two groups of people who will be prime informants in this study. The first group of important informants are the head of the selected schools and two teachers as they can bestow the researcher with necessary information regarding

sanitation arrangements of the schools and implementation of different awareness programmes as per provisions of the schemes.

Another group is the government officials and field level supervisor responsible for executing the provisions under above mentioned scheme as they can provide useful information which will help the researcher to obtain a picture of ground level reality.

Sample Size: A pilot study will be conducted in the four selected districts for two months to gather information on the profile of the districts. From this study district wise data regarding number of higher secondary schools, number of boys, Girls and Co-ed Schools, Schools implementing the schemes like Sarva Shiksha Abhiyan, Swacch Bharat Abhiyan, number of total students enrolled in the schools, Number of students drop out from the school will be accumulated which will help the researcher to determine the universe of the study. During pilot study the researcher will also have a clear idea about the number schools who are willing to cooperate and contribute towards this particular project. This pilot study will also present a projection about the number of adolescent girl students willing to participate in the project and to talk about menstruation and its related issues. And through the willing student the researcher can have access to their family especially she will get an idea about the number of mothers willing to participate in this endeavour. On the basis of this projection the researcher will decide on the representative sample size required for the particular study.

***Sampling Procedure and criteria*:**

In this particular study there are four groups of respondents. Both probability and non probability sampling procedures will be used in selecting the respondents.

The primary target group of this research project is the adolescent girl students of the selected school. In selecting the respondents stratified random sampling will be used. In this type of sampling the population is divided into small groups which are called strata. In stratified random sampling the strata are formed on the basis of members' shared attributes. A random sample from each stratum is taken in a number proportional to the stratum's size when compared to the population. These subsets of the strata are then pooled to form a random sample.

In this particular study the adolescent girls will be divided into three groups on the basis of their age and these groups are as followed i)9-12yrs ii)13-15yrs and iii)16-18yrs .The age group has been decided on the basis of their onset of menstruation and getting mattered about it. Then the students from these groups will be selected on a random basis.

The second group of respondents are the mothers of the adolescent girl students. Here the researcher will use purposive sampling. The researcher will conduct the FGDs with the willing mothers only.

Purposive sampling method will be used to determine the key informants group of respondents of the study. In purposive sampling the researcher targets a group of people specially picked for some unique purpose. This method is largely limited to exploratory research. In this particular study the head of the institution and the two teaching staff especially responsible for imparting life skill education will be interviewed with a specific

purpose that helps to fulfil the objectives of the study. The government officials will also be chosen with a definite aim.

5. Data analysis and interpretation: After collection of the data, the next phase is data analysis and interpretation. In this phase the collected data have been transformed into credible evidence about the development of the intervention. The data can be analyzed thorough several data analysis software like SPSS.

After the data have been analyzed, the final report will be prepared and presented before the concerned authority.

Operational Definitions

Menstrual Hygiene Management:

An appropriate menstrual hygiene is defined as:

- Women and adolescent girls use a clean material to absorb or collect menstrual blood, and this material can be changed in privacy as often as necessary for the duration of menstruation.
- Menstrual hygiene also includes using soap and water for washing the body as required; and having access to facilities to dispose of used menstrual management materials.(UNICEF and WHO, 2014)

So it can be articulated that the whole procedure of dealing with menstruation in a hygienic manner in order to avoid infections and other severe health issues and to ensure that women can continue with their regular routine without any interruption and embarrassment can be termed as Menstrual Hygiene Management. It also refers to the process of dealing with menstruation in a rational way without any myth or misconception. In this particular study the whole process of Menstrual Hygiene Management is consisted of several components. And they are as follows:

- Proper knowledge and awareness regarding menstruation and menstruation hygiene management.
- Using hygienic absolvent during the process.
- Maintaining proper cleanliness during menstruation.
- Dealing with other related health issues like heavy bleeding, irregular periods, severe pain etc.
- Proper disposal of menstrual waste.
- Over all handling menstruation in a methodical way without any myths and stigma.

Awareness: Awareness is the ability to directly know and perceive, to feel, or to be conscious of events, objects, thoughts, emotions, or sensory patterns. In this level of consciousness, sense data can be confirmed by an observer without necessarily implying understanding. More broadly, it is the state or quality of being aware of something."[14]

In this particular research one of the main objectives is to explore awareness created through several programens mentioned under Sarva Shiksha Mission And Swatch Bharat Abhiyan which focuses on implementation of menstrual hygiene management in the schools of West Bengal and it also probe to find out whether these awareness in actuality functional in altering the behaviour or attitude of the adolescent girl to mange menstruation.

Adolescent Girl: Adolescence (from Latin adolescere, meaning "to grow up") is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority).[15]

In this particular study, the adolescent girls are girls from the age group of 9-18, and who are enrolled in schools from the class of vi-xii and are going school regularly.

Behaviour Change: Behaviour change is a research-based consultative procedure for addressing and modifying existing knowledge, attitudes and practices regarding certain social phenomena .It provide relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behaviour change strategies focus on the individual as a locus of change.[16]

Through this study the researcher has intended to measure to what extent the awareness created through provisions mentioned in Sarva Shiksha Mission and Swacch Bharat Abhiyan have become successful in bringing an amendment in the behaviours of the adolescents' school going girls.This research aims to establish a relationship between awareness programmes and behaviour and attitude change.

Waste management in menstrual hygiene management: One of the major elements of MHM is menstrual waste management. Menstrual waste management can illustrate as the activities and actions essential to deal with menstrual waste from its inception to its final disposal in a healthy and environment friendly way. These include collection, transport, treatment and disposal of waste together with monitoring and regulation.

As most of the girls during their adolescence spend their most of the time in school and it is the time when she enters her puberty with the onset of menstruation. So it is the prime time when she should be well informed and vigilant about all aspects of menstruation especially about its deposal. And to achieve this aim every school should have an appropriate and environment friendly disposal system. This particular study aspires to survey the disposal system every school have and to measure the school's initiative regarding this significant aspect of MHM.

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[14] https://en.wikipedia.org/wiki/Awareness

[15] https://en.wikipedia.org/wiki/Adolescence

[16] UNICEF ,70 years for every child(24th June,2015);Communication for development(C4D):*Behaviour and Social Change :25th August,2016;http://www.unicef.org/cbsc/index_42352.html*

Limitations of the study:

Menstruation is not only a biological process, it has several dimensions. The whole process of menstruation from its onset to discarding the menstrual absolvent has several implications. Like physical, social, cultural, infrastructural and also environmental. Being it a very sensitive issue, while carrying out this particular research which focuses on the implementation of several awareness programmes on menstrual hygiene management and its impact on behaviour change across the generation the researcher may experience certain difficulties in obtaining relevant information to fulfil his or her objective, which may withhold the researcher in acquiring a actual depiction of the current scenario. Now these limitations or obstacles can be explained under certain heads mentioned below.

*a)**Socio cultural restrictions**:* This process has a unique culture of its own which is comprised of certain beliefs, habits, practices, perceptions and also some taboos and misconceptions. These myths have given birth to certain superstitions which have smeared the vision of the society towards menstruation and it has made it a very susceptible issue to be explored or discussed. As a consequence a sense of shame holds back people specially women to discuss menstruation and its impact on their hygiene. In such circumstances the respondents may hesitate to speak freely about this issue and researcher may not receive desired answer and thus his or her main intention to assess the impact of different awareness programme on the behaviour of the women across generation regarding taboos of the menstrual hygiene management t may not be entirely achieved.

b) Ethical Restrictions: In Indian society menstruation is a subject which should be kept under wraps and it is considered to be shameful to discuss about it in the public. This issue is considered to be very secretive and something very personal. So during the study confidentiality of the information should be maintained properly and the researcher has to be very cautious about it.

c) Administrative restrictions: The main respondent of this study is the adolescent girl students and the research evolves around schools. The study aims to assess the infrastructure available in schools and procedure of execution of schemes to enhance menstrual hygiene, so the permission of the school authority to carry out the study in their premises is one of the requisite of this research . But as the issue is very sensitive and the performance of the school regarding implementation will be publicized, so it might possible that the school authority will not be very keen to give the required consent .So the researcher has to persuade the school authority very carefully and should be very watchful to maintain the confidentiality of information.

As the study demands the researcher has to go through many important government documents so, acquiring permission from the government authority may be difficult.

d) Restrictions due to different educational background of the respondents: As the study want to explore the behaviour change with regard to menstruation across generation, one of the target group is the mothers of the adolescent school going girls. But majority of this group may not have very strong educational background, which may restrict their expression

regarding the issue and some time language may also act as a hindrance, which may lead to incomplete and vague reply on their part.

Ethical Issues Involved:

- Data collection will be executed in the school and during that particular hour convenient to the teachers and students, with due written consent from the concerned head of the institutions. Only with the due permission of the concerned authority the researcher will go through the required documents and records for accumulating vital information. The researcher will take help from the girls to have access to their household to convince their mother to participate in the study by explaining them the purpose of the study very clearly.

- The researcher will also go through several policy documents , modules , notices , impact assessment and annual report of mentioned schemes (Sarva Shiksha Mission and Swacch Bharat Abhiyan) and other required records and will interview the concerned officials with due permission of the concerned department and authority .

- Being the study deals with a very sensible issue, in every step the researcher has to assure confidentiality of the information .As menstruation is not a mere biological process , but many believes , sentiments , values , rituals , cultural and religious views , have been fastened to it so the researcher has to be very mindful in representing the information so that it does not hurt anybody's sentiment .

CONCLUSION:

This particular study attempts to provide a clear depiction about how the provisions provided in policies to enhance the well being of young girls of the society are being supported by infrastructural facilities in their schools and initiatives from school authority. And it will also highlight how these provisions are helping the adolescent girls in maintaining menstrual hygiene well enough so that their routine life especially their education has not been hampered. Another and most important purpose of this project is to throw light on how awareness created through implementation of these policies is bringing changes in the outlook and attitude of the girls regarding menstruation. The findings of the study may be useful in overcoming the loopholes in policies and may lead towards implementing a more exhaustive policy to enhance the psychical well being of the girls and to provide with more amenities and apt knowledge for choosing best practices.

Chapter Plan

Chapter 1: Introduction:
Chapter 2: Review of Literature

- Theoretical background
- Previous studies

Chapter 3: Research Methodology

- Proposed Methodology.
- Justification for proposed methodology
- Methodology procedures
- Ethical Consideration.

Chapter 4: Profile of selected district and selected Schools
Chapter 5: Interpretation of data
Chapter 6: Discussion.
Chapter 7: Recommendation and Social Work Intervention.
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Appendix

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